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Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
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LIMITED LIABILITY COMPANY

ACS II GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ACS II GP LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
6245 N. FEDERAL HWY., 5TH FLOOR	6245 N. FEDERAL HWY., 5TH FLOOR
FORT LAUDERDALE, FL 33308	FORT LAUDERDALE, FL 33308

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

EDWARD J. POZZUOLI, ESQ.
Name

c/o Tripp Scott, PA, 110 SE 6th ST, 15th FL
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale FL 33301
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	JONATHAN K. HAGE 6245 N. FEDERAL HWY, 5TH FLOOR FORT LAUDERDALE, FL 33301
MGRM	ROBERT L. CAMBO 2977 McFARLANE ROAD COCONUT GROVE, FL 33133

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JONATHAN K. HAGE
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)